Historical Research Request Form

FAX THE COMPLETED FORM TO 202 / 727-6076

Requestor Information

Name:		
Occupation:		
Business or		
Academic		
Affiliation:		
Mailing Address:		
Phone:	(Work)	(Home)
Fax:		
	An archivist is requested to assist me with preliminary investigation on records holdings of the DC Archives that are related to my research project. An archivist is requested to conduct preliminary research for me on records in the body archives.	
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	the D.C. Archives may discuss my research	ch subject with other researchers?
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Research Information Please provide a brief description of your research. (Be succinct as possible.)